



**File no later than July 15**

**LONG FORM: PROPERTY TAX EXEMPTION FOR SENIORS**

**CONFIDENTIAL**

**All applicants MUST complete sections 1 through 4 and 10.**

| <b>1. Identification of Applicant and Property</b>  |  |  |   |
|---|--|--|---|
| Applicant's First Name, Middle Initial, and Last Name   |  | Social Security Number                       | Date of Birth   |
| Property Description (subdivision-block/building-lot/unit)  |  |  | Schedule Number   |
| City or Town  | State  | Zip Code                                     | Telephone Number  |
| E-Mail Address:   |  |  |   |
| Mailing Address   |  |  | Check box if ownership is held in a life estate. <input type="checkbox"/> |
| <b>2. Age and Occupancy Requirements (One of the following statements must be true.)</b>  |  |  |   |
| 2A. As of January 1 of this year, I am at least 65 years old, and I occupy the property listed above as my primary residence. I have occupied it as my primary residence for at least 10 consecutive years prior to January 1 of this year.   |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| 2B. I am the <b>surviving spouse</b> of an individual who previously qualified for the exemption. Each of the following statements is true.   |  |  |   |
| a) My spouse passed away on or after January 1, 2002; and   |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| b) My spouse was at least 65 years old on January 1 of the year he/she passed away; and   |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| c) My spouse occupied the property as his/her primary residence for at least 10 consecutive years prior to January 1 of the year he/she passed away; and  |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| d) I occupied the property with my spouse as our primary residence; and   |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| e) I currently occupy the property as my primary residence; and   |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| f) I have not remarried.  |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| <b>If a, b, or f is false, you DO NOT qualify as a surviving spouse. If c, d, or e is false, you MAY still qualify (see 2C).</b>  |  | birth date of spouse who qualified: _____    |   |
| 2C. If not for the fact that either I or my spouse was confined to a health care facility, or our prior residence was condemned in an eminent domain proceeding, or our prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster, one of the statements above would be true. (You must also complete section(s) 5, 6, or 7 on the back of this form.)  |  | 1) <input type="checkbox"/> 2A would be true | 2) <input type="checkbox"/> 2B would be true                              |
| <b>3. Ownership Requirements (One of the following statements must be true.)</b>  |  |  |   |
| 3A. The owner of record for the property described above is a) me, b) my spouse, or c) both of us. The property has been owned by one or both of us for at least 10 consecutive years prior to January 1 of this year. During periods when the property was owned by my spouse and not me, my spouse and I were married and my spouse occupied the property as his or her primary residence.                                |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| 3B. Statement 3A would be true if not for the fact that ownership has been transferred to a trust, corporate partnership or other legal entity solely for estate planning purposes, my/our prior residence was condemned in an eminent domain proceeding, or was destroyed or otherwise rendered uninhabitable by a natural disaster. (If 3B is true, you must complete section(s) 6, 7, 8, or 9 on the back of this form.) |  | <input type="checkbox"/> True                | <input type="checkbox"/> False  |
| <b>4. Each additional person who occupies the property as his/her primary residence must be listed here. (Attach an additional sheet if necessary.)</b>   |  |  |   |
| 4A. Person who also occupies property as primary residence  | Spouse<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security Number                       |   |
| 4B. Person who also occupies property as primary residence  | Social Security Number   |  |   |
| 4B. Person who also occupies property as primary residence  | Social Security Number   |  |   |

|   |   |                         |
|---|---|-------------------------|
| <b>5. Complete this section if applicant or spouse was/is confined to a nursing home, hospital, or assisted living facility.</b>  |   |                         |
| 5A. Name of confined individual   | 5B. Location  | 5C. Dates Confined      |
| 5D. During confinement, the property was occupied by a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied. <b>(This statement MUST be true.)</b> <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span> |   |                         |
| <b>6. Complete this section if prior residence was condemned in an eminent domain proceeding.</b>   |   |                         |
| 6A. Street address of condemned property  | 6B. Dates of ownership of condemned property<br>from: _____ to: _____ |                         |
| 6C. Dates condemned property was occupied as primary residence<br>from: _____ to: _____   | 6D. Approximate date of condemnation                                  |                         |
| 6E. Since condemnation, I have not owned and occupied any property as my primary residence other than the property for which I am applying for exemption. <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span>  |   |                         |
| 6F. If condemnation of the prior residence had not occurred, the condemned property would still be my primary residence. <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span>   |   |                         |
| <b>7. Complete this section if prior residence was destroyed or otherwise rendered uninhabitable by a natural disaster.</b>   |   |                         |
| 7A. Street address of destroyed property  | 7B. Dates of ownership of destroyed property<br>from: _____ to: _____ |                         |
| 7C. Dates destroyed property was occupied as primary residence<br>from: _____ to: _____   | 7D. Date property was destroyed by natural disaster                   |                         |
| 7E. If destruction of the prior residence had not occurred, the destroyed property would still be my primary residence. <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span>  |   |                         |
| <b>8. Complete this section if property is owned by a trust or an individual as trustee.</b>  |   |                         |
| 8A. Name of Trust   |   |                         |
| 8B. Maker(s) of Trust   | 8C. Trustee(s)  |                         |
| 8D. Beneficiary   | 8D. Beneficiary   |                         |
| 8D. Beneficiary   | 8D. Beneficiary   |                         |
| 8E. The property was transferred to the trust solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span>                      |   |                         |
| <b>9. Complete this section if property is owned by a corporate partnership or other legal entity.</b>  |   |                         |
| 9A. Name of Corporate Partnership or Legal Entity   |   |                         |
| 9B. Name of Principal   | 9B. Name of Principal   |                         |
| 9B. Name of Principal   | 9B. Name of Principal   |                         |
| 9C. The property was transferred to the corporate partnership solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. <span style="float:right;"><input type="checkbox"/> True <input type="checkbox"/> False</span>      |   |                         |
| <b>10. Affidavit and Signature</b>  |   |                         |
| <b>I declare, under penalty of perjury in the second degree (18-8-503, C.R.S.), that the information I provided on this form and on any attachment is correct.</b>  |   |                         |
| Signature: _____  |   | Date: _____             |
| Signer is: <input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Attorney-in-fact  |   |                         |
| If signer is guardian, conservator or attorney-in-fact, you must provide authorization in the form of a court order or power of attorney.   |   |                         |
| Other Contact: _____  |   | Telephone Number: _____ |
| (relative, personal representative, etc.)   |   |                         |
| The assessor <b>must be informed</b> of any changes in ownership or occupancy of the property <b>within 60 days</b> of when the change occurs.  |   |                         |
| Mail or deliver this form to the Summit County Assessor's Office by <b>July 15</b> .  |   |                         |
| We recommend you <b>obtain a receipt</b> when delivering the form in person, or mail the form by <b>certified mail</b> .  |   |                         |